

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

**PARAMETERS FOR RESPONDING TO DIFFICULT CONSTITUENT/CLIENT  
REQUESTS FOR DMH SERVICES OR RECORDS**

April 2005

**I. INTRODUCTION:**

- A. A client request is a request by a service recipient of DMH that is made on the basis of being a client.
- B. A constituent request is a request on behalf of an individual that is made through a Supervisorial office.
- C. The majority of individuals who seek services through DMH are simultaneously constituents of the Board of Supervisors (BOS) and clients of DMH. The goal of the Department is to completely meet constituent and client requests, as both are priorities for our department.
- D. It is sometimes necessary to distinguish requests made as constituents from requests that are primarily made as clients. Constituent requests may require special responses that go beyond client requests for services, and in rare instances may conflict with client services.

**II. RESPONDING TO SUPERVISORIAL CONSTITUENT REQUESTS**

Responses to constituent requests are distinguished from response to solely client requests in the following manner:

- A. A constituent request should be discussed and clarified with corresponding County Supervisor's office.
- B. A constituent request should be honored in all circumstances in which it is both possible and clinically appropriate.
- C. Disposition of a constituent request requires close communication with the corresponding County Supervisor's office.
- D. Resolution of a constituent request requires prompt action, clear communication, and frequent discussion with Departmental executive personnel.

**III. DEFINITION OF DIFFICULT CONSTITUENT REQUESTS**

A difficult constituent request is a request that appears to be inadvisable to fulfill for clinical or administrative reasons. Such situations occur when a constituent/client seeks services that are either clinically or administratively inappropriate or are unavailable.

#### **IV. INITIAL ACTIONS WHEN A CONSTITUENT REQUEST APPEARS TO CONFLICT WITH CLINICAL OR ADMINISTRATIVE STANDARDS OR POLICY**

- A. Immediately ensure that Departmental Executive staff (Regional Deputy Director and Medical Director) is aware of the situation and has available information,
- B. Make sure that constituent/client has been offered an appropriate clinical assessment and, if necessary, a second opinion by another DMH clinician,
- C. Determine the complete treatment plan, including medications, offered to the constituent/client,
- D. From the following list, determine the precise reason that the constituent request appears to conflict with proposed service to client:
  - 1. **DMH does not provide the medication/service that the constituent/client requests** (e.g., a narcotic pain medication such as Vicodin or Oxycontin). Make sure constituent/client has been given referral to proper agency, the report to clinical/administrative supervisor for further action.
  - 2. **DMH could provide the medication/service that the client requests, but refuses on the basis of clinical or administrative assessment** (e.g., medication is contraindicated due to high risk for side effects, services should be provided by a different program, adequate clinical or administrative assessment has not been possible). Obtain a precise description of the reason and report to the DMH clinical/administrative supervisor for further action.
  - 3. **DMH could provide the medication/service that the client requests, but refuses on the basis that the constituent/client does not meet administrative clinical criteria for obtaining that service** (e.g. doesn't meet medical necessity or SMI criteria). Obtain a precise description of the reason and report to the DMH clinical/administrative supervisor for further action.
  - 4. **DMH service response involved release of confidential personal health information (PHI)**. Identify the specific PHI requested and forward it to Office of the Medical Director. Precisely describe the reason for the request and report to DMH Medical Director for further action.
  - 5. **Other**. Precisely describe the reason and report to the responsible Deputy Director and Medical Director for further action.
- E. Reassess constituent/client if there is any clinical or administrative indication, and then carefully explain to the constituent/client all reasons for any refusal to provide the requested medication/service, and
- F. Transmit the results of the communication with the client to Executive Staff and/or the Board of Supervisors as appropriate.